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ABSTRACT

This paper describes the planning and implementation of a veterans' hospital career center program that offers a comprehensive career counseling, vocational assessment, vocational rehabilitation planning, job placement, and follow-up program to inpatients and outpatients, under the direction of a counseling psychologist. Recruitment of volunteer staff and the planning of the career center, adopted from the career education model found in school settings, are discussed. The training of volunteers is described and the use of counselor educators and career education and counseling program staff from the community is reviewed. Unique problems faced in training retired volunteers with an average age of 70 are presented. Other key elements of successful program development and management using volunteers are reviewed, including: (1) the development of a community base for vocational rehabilitation; (2) documentation; (3) volunteer openness to direct supervision; (4) difficulties faced by older volunteers in comprehending the complexities of vocational and psychological assessment; and (5) the use of social activities to foster cohesiveness and group identity among volunteers. (NRB)

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Making Experience Count: Career Centers Staffed by Retired Volunteer Paraprofessionals

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"Making Experience Count: Career Centers
Staffed by Retired Volunteer Paraprofessionals"

Introduction

As counseling and health care resources are shrinking, our population faces increasing problems with career planning and satisfaction. Like an army discharging a division of troops just before a major battle, we in counseling psychology in the V.A. face a disheartening dilemma. The continuing needs of Vietnam Era veterans challenge the system most visibly, while twelve million veterans of World War II quietly enter another challenging stage of life - the world of retirement. New approaches to programming and staffing are mandatory in confronting this dilemma.

The Career Center program at the Jerry L. Pettis Memorial Veterans' Hospital, Loma Linda, California, offers one alternative to meeting the challenges of this new age. This program offers a comprehensive career counseling, vocational assessment, vocational rehabilitation planning, job placement, and follow up program to inpatients and outpatients of the facility, under the direction of a counseling psychologist. Services are offered through a Career Center format, with extensive occupational literature, career exploration and planning. This paper describes the planning and implementation of this vocational counseling service, uniquely staffed by trained volunteer paraprofessional counselors, all retired.

Program Description

As a newly constructed facility in a previously underserved area, the Riverside - San Bernardino area of Southern California, the Loma Linda VA Hospital offered the potential for innovative approaches in many community oriented patient care services. By coincidence, a group of retired

individuals affiliated with a local Red Cross affiliate expressed an interest in assisting the hospital with career counseling at the same time that I was beginning to plan for those services. From this serendipitous beginning a program began to grow, with the goal of tying V.A. counseling services to the community as closely and interdependently as possible, using volunteers in providing services. In discussing the development and growth of the program, the important factors of recruitment Career Center planning, and training will be covered in detail, along with other key factors. The first two, recruitment and planning, were so closely intertwined as to be almost one process. While necessarily discussed separately it is difficult in doing so to capture the dynamics, challenging, and softly controlling a group of volunteers, who numbered seventeen by the end of the planning-recruiting stage, and who were led by an individual who sincerely believed - wrongly - that he had already developed a program suitable for a V.A. hospital.

Recruitment - Recruitment of volunteer staff along with actual planning were the most sensitive steps in building a program of this type. Selection of candidates with poor potential for counseling was an obvious hazard, and others soon surfaced.

Through initial trial, and error, certain key factors emerged for successful recruiting. First, a community leader, well known as a concerned, active citizen, and knowledgeable about the needs of the community, was an invaluable asset in recruitment. Such a person in the position of volunteer coordinator or chairperson, was able to recommend potential volunteers. The chairperson also enhanced the identity of the program in the community

by attaching his/her name to it. In our planning we did this in two ways: first, by having two volunteer co-chairpersons who were well known community leaders; and second, by affiliating with a sponsoring organization, thus becoming the Red Cross - VA Career Center. This organizational pattern had disadvantages though. The chairperson tended to assume too powerful a role in the development of the program. Resolving issues centered around need for power taxed the diplimatic skills of the writer. Resolution was found in offering volunteers in need of power titles, committee chairmanships, specialized caseloads, or other symbols which actually involved little real authority. For example, the volunteer chairpersons were included in interviews of volunteers and even staff, but final decisions were arranged by the writer.

Another key to successful recruiting became evident. Retired business people, professionals, military officers, and homemakers, who had enjoyed creative, active careers made successful counselors. Their internal positive outlook on career was communicated directly to others, while their success also allowed them the professional and financial freedom to devote a large block of time to volunteer activities. The disadvantage to this was the highly skewed representation of professions and wealth among the volunteers, with no counselors from a technical/trade work background.

Third-party recruiting, either through the V.A. Voluntary Service or the Red Cross, didn't work very well. Direct invitations to persons known to our current volunteers proved to be a far superior method. So, our initial group included a retired major general, colonels, two presidents

of large companies, a judge, professors, and homemakers active in the community, plus one 26 year old medically retired coast guard whose eyes literally popped as he was introduced to his cohorts.

Planning the Career Center - The design of a vocational counseling program which could include a large volunteer cadre was completed concurrently with recruitment. The concept of a career center, adapted from the career education model, seemed to offer promise. Although found primarily in school settings, the career center model could be adapted for a hospital counseling program. As a base for the collection, dispaly, and exploration of occupational and educational information, the career center could supplement and augment a vocational counseling program, We found that typical guidelines for establishing a career center in a school were not appropriate. Rather than plan a setting for relatively informal browsing, we designed a resource for the counselor's use in a planned, documented counseling intervention. The structure of a career center, with the printed and [illegible] occupational exploration materials, would, we suspected, strengthen a volunteer's probable lack of knowledge in the techniques of career exploration. Further, space allocated to a Career Center could also serve as counseling space that otherwise might be difficult to obtain. Finally, we expected that the title "Career Center" would give a sharp identity and definite purpose to the counseling psychology program for both volunteer and hospital staff.

As an aside, the "high powered" quality of the volunteers did no harm in the quest for space, either. The hospital director gave the two influential citizens who called on him to discuss space a much more sympathetic ear than I would have had. As a result we were granted the space we needed to successfully begin the Career Center. This consisted of a six office suite with approximately 1200 square feet. Only a psychologist in a new V.A. hospital can truly appreciate the luxury of possessing that much territory.

Training

After gaining administrative approval for this step, planning began toward training the volunteers. At this stage of program development, we found two major categories of community resource to be invaluable, counselor educators, and career education and counseling program staff.

The Director of Career Counseling for the San Bernardino County Department of Schools participated in each stage of our planning, but was particularly active in training. We also hired a consultant, a professor of counseling from a local university, to assist in planning and teaching the training sessions.

Experience has proven the validity of our approach to training, and I would like to share some of that with you. Since the average age of our volunteer crew was seventy, we allowed for space and application between every intensive training session. Training spanned two months, with one day each week devoted to formal training. Less structured activities such as observation and case review were scheduled during the

week between formal sessions.

Concepts covered ranged from V.A. administrative and legal issues, career center materials, and basic vocational assessment, to counseling and communication skills development.

Many assumptions, some true and some false, were made about the volunteers as we planned for training. The true assumptions included those related to the positive effects of volunteer work for the volunteers themselves, which are detailed elsewhere, that a generalization of past hard work and success to the volunteer commitment would occur.

Those assumptions proven false were somewhat more interesting. Anticipating a preference for a lecture format in training, we discovered a group zest for the more creative training procedures outlined below. Expectation for formalism or rigidity in learning style was not confirmed. Trainees were more open with reactions and feelings than expected. Finally, with a large gap in age between the trainers and trainees, resistance was expected during training based on generational differences. Trainers were quite frankly, nervous, and "walked on eggshells" during early training experiences. Have you ever had a general in class? However, these expectations were rapidly disconfirmed.

Training, as a result, was based on an approach stressing interpersonal communications, with specific skill development in establishing empathy, conveying respect, projecting warmth, taking risks with self-disclosure and confrontation, and interaction analysis. Minilectures were interspersed with group activities and discussion. Where training was of necessity more didactic, as in the topic of career center equipment and materials, training was designed to be as practical and direct as possible.

In this case, we held the training at a college career center, with an environment similar to that which we expected to have.

Other Key Elements - There are many other facets of successful program development and management using volunteers to be covered. Among these are:

.Developing a community base for vocational rehabilitation was considered vital for program success. The volunteer presence in the Career Center served as a natural entry into community public relations activities. Not only were the volunteers well known, but they played golf with the newspaper editor, and were club members with the director of county personnel, and so on. So we were the willing recipients of volunteer generated publicity, and were able to entertain business executives for lunch. Surrounding cities knew about the Career Center. Many times employers gave commitments for jobs as a direct result of volunteer contact.

.Documentation was a critical factor, as in any client service program. This was accomplished by requiring the volunteers to note their counseling progress in a work file, which was reviewed each day by the supervisory counseling psychologist, who entered notes in the official record. Thus an accumulated record was available for each client, with regular documented staff input.

.Volunteers were not threatened by direct supervision, and, in fact, were eager for more "sitting in" than professional staff could handle. This approach to training and supervision has been the mainstay of continuing education with the volunteers. This openness to observation and feedback has been a highly rewarding part of our program. Volunteer counselors, not having experience competitive, evaluation-linked course-work and practicums in counseling, have been generally nondefensive in reacting to direct supervision.

.The complexities of vocational and psychological assessment have remained beyond the scope of the volunteer's comprehension, in spite of extensive efforts to provide a basic core of knowledge in this area. While there are, of course, individual differences evident in volunteer mastery of assessment, this technical skill is the most difficult proficiency in vocational counseling for older volunteers to master. Perhaps the pervasive folklore in our society regarding psychological testing, accompanied by fairly strong attitudes toward assessment by most well informed people, is at work here.

.As volunteers generally work only one day each week, social activities have proved useful in fostering cohesiveness and group identification. This has been a top priority, and has been further enhanced by quarterly group training seminars.